U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3003

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

					ough: 12 / 31	***************************************	
3. Name and address of person filing.			4. Name, file number, and address of labor organization.				
Name	Douglas M Pinion	N	Name	Allied Pilots Associ	ation	A A A A A A A A A A A A A A A A A A A	
		L	Labor C	Organization File Number 055	-849		
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any				
Street 2737 Pinehurst Drive		S	Street 14600 Trinity Boulevard				
City	Grapevine	C	City	Fort Worth		************************************	
State	Texas ZIP Code + 4	76051-2696 s	State	Texas	ZIP Code + 4	76155-2512	
– 5. Posi	tion in labor organization. TASC Committee		. 402.23 , 5		**************************************	24.24.24.24.24.24.24.24.24.24.24.24.24.2	
En	ter appropriate data below if, during the past fiscal yea				any of the following it	nterests	
	(except as s	pecified in the exclusions	s set fo	orth in the instructions):			
A Hel	d an interest in, engaged in transactions (includin ary value from an employer whose employees	ig loans) with, or deriv	ved inc	come or other economic bene ents or is actively seeking to	fit of represent		
	e and address of Employer (including trade name, if a			re of Interest, Transaction, or Inc			
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Name of Person Filing Douglas Pinion		File Number U-	05				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:						
Name	***************************************						
Trade Name, if any:	a. Labor Organization b. Trust c. Employer						
P.O. Box, Bldg., Room No., if any							
Street							
City			:				
State ZIP Code + 4							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name			** ***				
Trade Name, if any:	A 20 20 21 2 Vermon 4 444		List the street was and				
P.O. Box, Bldg., Room No., if any			nanon mana da da l				
Street	11.b. Approximate dollar valu	ue of such dealing.	THE STATE OF THE S				
City	12.a. Nature of interest held						
State ZIP Code + 4							
	12.b. Amount.						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment. A pass travel on American, which permits me to fly						
Name American Airlines, Inc.	for free in connection with union business status.						
Trade Name, if any:			The second secon				
P.O. Box, Bldg., Room No., if any			en era				
Street 4333 Amon Carter Blvd.			AN PRINT AMERICA				
City Fort Worth			N. AL AMA (2007) P.				
State Texas ZIP Code + 4 76155-2605		and a superantiment of the sup	44 A 2 MILLION 200 A				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						